

245638  
245639  
245640

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request for Reinstatement of Class C Non-Emergency Certificate

RS Investments of Florence, LLC DBA RS Transport

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2012-317-T RTSC  
2012-319-T  
NUMBER: 2011 - 407 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: \*TERENCE WILSON

Address: \*ZOE WILSON GROVE RD  
\*LYNCHBURG S.C. 29080

Telephone: \*803-468-4113

Fax: \*803-437-2277

Other: \*

Email: \*RStransport.wilson676@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

# CLASS C REINSTATEMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 8/2/13

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☐ Charter Certificate Number \_\_\_\_\_
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☒ Non-Emergency Certificate Number #8502

RECEIVED  
2013 AUG -6 PM 3:12  
PUBLIC SERVICE  
COMMISSION

My certificate was revoked/cancelled on 11/27/12 because failure to pay decal fees.  
Not filed proof of Insurance, not submitted annual Reports  
(DATE)

I am seeking reinstatement because I Terence Wilson have completed  
all those Requirement for my Certificate.

RS Investment of florence LLC DBA RS Transport.  
(Name of Company) (if applicable)

20 willow Grove Rd  
(Street Address)

P.O. box 369  
(Mailing Address if different from Street Address)

Lynchburg S.C. 29080  
(City, State, Zip Code)

Terence R Wilson  
(Signature)

803-468-4113  
(Telephone Number)

TERENCE R Wilson - owner President  
(Title) Owner, President, etc.

RECEIVED

# Transportation CARRIER ANNUAL REPORT

2013 AUG -6 PM 3:13

REGISTRATION SERVICE  
COMMISSION

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN  
OF

RS Investments of Florence, LLC DBA RS Transport

Exact Legal Name of Respondent

8-5-13 carrier is applying for re-licensure

PSC/ORS Number (leave blank)

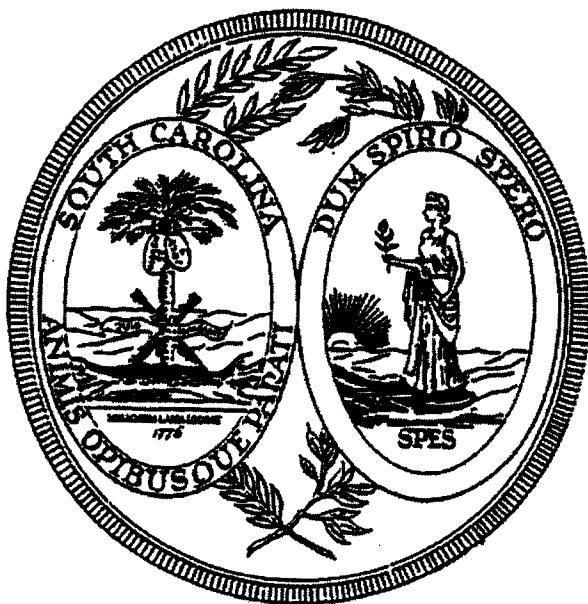
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FOR THE YEAR ENDED 2011

☒ Calendar Year Ending December 31, 2011

or

☐ Fiscal Year Ending \_\_\_\_\_



### Company Officers

Title of Officer	Name of Person Holding Office
President	Terence R Wilson
Vice-President	John Fullwood
Secretary	Pam Boswell
Treasurer	Terence R Wilson
Gen. Manager or Supt.	Terence R Wilson

### Contact Information (If different from above)

Contact Name:	TERENCE R WILSON		
Title:	GEN. MANAGER-PRESIDENT		
Street Address:	2135 AVE A		
City:	MAYESVILLE	State:	SC 29104 Zip:
Telephone Number:	(803) 468-4113	E-mail:	RSTRANSFORT.WILSON@676 Gmail.Com

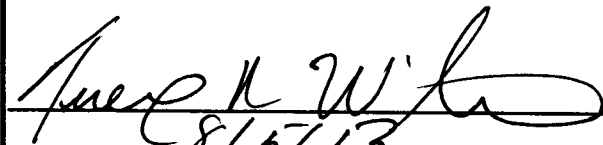
Certification

State of South Carolina

County of LGE

I, TERENCE R WILSON of the  
RS INVESTMENTS OF FLORENCE LLC  
DBA RS TRANSPORT Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

  
8/5/13

Signature

Date

STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
AND OFFICE OF REGULATORY STAFF  
TRANSPORTATION CARRIERS ANNUAL REPORT  
(For Class C - Taxi, Charter, & Non-Emergency, Stretcher Van)  
FOR YEAR ENDING DECEMBER 31, 2011 OR FISCAL YEAR ENDING

CARRIER NAME RS INVESTMENTS OF FLORENCE L.L.C DBA RSTRANSORT  
STREET ADDRESS 20 E WILLOWGROVE RD  
CITY, STATE, ZIP CODE LYNCHBURG SC 29080  
MAILING ADDRESS P.O. Box 369  
CITY, STATE, ZIP CODE LYNCHBURG SC 29080  
TELEPHONE NUMBER (AREA CODE) 803-468-4113

Operating Revenues:

1. Total Revenues \$ 0

Operating Expenses:

2. Salaries and Wages \$ 0 ( Money paid to employees)

3. Rent \$ 0 ( vehicles, office)

4. Other \$ 0 (expenses that are not included in the other categories)

5. Total Expenses \$ 0

6. Net Operating Income (Loss) \$ 0 ( line #1 minus line #5)